SERIAL NO, FILING DATE **MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET** APPLICANT(S) (FOR USE WITH FORM PTO-875) CLAIMS AFTER 1st AMENDMENT AFTER 2nd AMENDMENT AS FILED DEP. IND. DEP. IND. IND. DEP. IND. DEP. IND. DEP. -61-TOTAL TOTAL IND. _1 _1

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

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